[1]钟玲,雷朋,鲁凤娇,等.帕金森病临床特征与血脂和血尿酸水平的相关性分析[J].第三军医大学学报,2014,36(18):1945-1948.
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帕金森病临床特征与血脂和血尿酸水平的相关性分[illegible]

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Title: Correlation of Parkinson’s clinical features with serological levels of lipids and uric acid

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关键词: 血脂; 尿酸; 帕金森病; 临床特征
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摘要:

目的 探讨帕金森病（Parkinson’s disease，PD）患者临床特征与血脂和血尿酸水平的相关性，研究其与PD患者发病风险以及病情进展预测之间的关系。 方法 回顾性统计分析我院130例PD住院患者与135例非PD人群的血脂、血尿酸水平的差异性，并比较不同PD临床类型间血脂和血尿酸有无差异性，同时分析PD患者H-Y分级、病程、发病年龄及每日左旋多巴等效剂量(LEDD)与血脂、血尿酸水平的相关性。 结果 PD组与对照组相比，血尿酸、总胆固醇、甘油三酯、低密度脂蛋白及载脂蛋白A1/高密度脂蛋白值具有统计学差异（$P<0.05$）；PD临床亚组中，震颤型与混合型中的低密度脂蛋白水平比较具有统计学差异（$P<0.05$），强直迟缓型与震颤型的载脂蛋白A1/高密度脂蛋白值比较具有统计学差异（$P<0.05$）；载脂蛋白A1/高密度脂蛋白值与PD患者H-Y分级呈负相关（$P<0.05$），而与病程、发病年龄及LEDD无相关性（$P>0.05$），血尿酸、总胆固醇、甘油三酯、低密度脂蛋白与H-Y分级、病程、发病年龄及LEDD均无相关性（$P>0.05$）。 结论 低血脂和血尿酸水平可能是PD发病的风险因素；载脂蛋白A1/高密度脂蛋白值越低，则PD患者病情越重；PD不同临床类型间低密度脂蛋白及载脂蛋白A1/高密度脂蛋白存在差异。多巴胺能药物替代治疗帕金森病时,不影响患者血脂、血尿酸水平。

Abstract: Objective To study the correlation of Parkinson’s clinical features, such as

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severity, course, age at onset of Parkinson’s disease (PD), and L-dopa equivalent daily dose(LEDD) with serological levels of lipids and uric acid. Methods Retrospectively analysis of the differences of serologic levels of lipids and uric acid between 130 PD patients and 135 non-PD controls admitted in our department from October 2011 to October 2013 was performed. The difference of the serologic levels of lipids and uric acid among different subclinical types were compared. We also analyzed the correlation between the levels of lipids and uric acid and H-Y stage, course, age at onset and LEDD of PD patients. Results Compared with the controls, the serological levels of uric acid, total cholesterol, triglycerides, low-density lipoprotein (LDL) and ApoA1/high-density lipoprotein (HDL) had statistical differences (P<0.05). The level of LDL cholesterol had differences between the tremor type and the equivalent type (P<0.05). The level of ApoA1/HDL had differences between the rigidity-bradykinesia type and the tremor type (P<0.05). Serum ApoA1/HDL was negatively correlated to PD H-Y stage. No more correlation was observed between other serological markers and PD clinic features. Conclusion Lower levels of serologic lipids and uric acid may be the risk factors of PD. Lower ApoA1/HDL level links with higher severity of PD. The levels of ApoA1/HDL and LDL in different subclinical types of PD were different. Dopamine replacement therapy doesn’t affect the level of lipid and uric acid.

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